Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL					Application Number 10/564,		72		
					Filing Date 7				
For FY 2009				First N	First Named Inventor Frank Sc		nilke		
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name		M. Fubara		
				_	Art Unit 1618				
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attorr	ney Docket	4385 - 05	53939		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES SEARCH F					TION FEES			
Small Entity Application Type Fee (\$) Fee (\$)			Fee (\$)	mall Entity Fee (\$)	Small Entity Fee (\$) Fee (\$)		Fees Paid (\$)		
Utility	330	82	540	270	220	110			
Design	220	110	100	50	140	70		-	
Plant	220	110	330	165	170	85		······································	
Reissue	330	165	540	270	650	325	 		
Provisional	220	110	0	0	0	0		<u> </u>	
2. EXCESS CLAIM FEES Small Entity									
Fee Description Fee (\$)								Fee (\$)	
Each claim over 20 (including Reissues) 52								26	
Each independent claim over 3 (including Reissues) 220								110	
Multiple dependent claims							390	195	
<u>Total Claims - 2</u>	laims - 20 or HP Extra Claims Fee (<u>e (\$)</u> _	<u>Fee Paid (\$)</u>		Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims - 3	3 or HP	Extra Cla		<u>ee (\$)</u>	Fee Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (- 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)								190.00	
Other (e.g., late filing surcharge): Supplemental Information Disclosure Statement Fee 180.00									
SUBMITTED BY									
Signature	[(X				egistration No. Attorney/Agent)	35,972	Telephone 4	412-471-8815	
Name (Print/Type)	pe) Ann M. Cannoni						Date June 1, 2010		